# Optimal Living (Peterborough) Limited

# Sunnyfields

## Inspection report

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Date of inspection visit:
19 October 2018

Date of publication:
12 November 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

We carried out this inspection on 19 October 2018. The inspection was unannounced.

In July 2018, a new provider took over Sunnyfields and another small service in the area. This is the first time the service has been rated since the change in ownership in July 2018.

Sunnyfields is a small 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides support for up to four people with learning disabilities. Three people lived at the service on the day of our inspection. Some people had difficulty communicating and were unable to tell us about their views and experiences of living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The provider had developed and adapted Sunnyfields in response to changes in best practice guidance.

There was a registered manager, who was registered for both Sunnyfields and the other service. The registered manager had been working full time at the other service since the provider had taken over both services in July 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The house manager was the person in charge at Sunnyfields and the house manager and the provider assisted with the inspection process.

Staff were compassionate, kind and caring and had developed good relationships with people using the service. Staff were aware of how to respect people's privacy and dignity. People were comfortable in the presence of staff.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to ensure that people were only deprived of their liberty, when it had been assessed as lawful to do so. All interested parties were invited to best interest meetings in line with the principles of the Mental Capacity Act 2005.

Staff knew about the signs and symptoms of abuse and how to raise a concern inside and outside the organisation. People's care was delivered safely and staff understood their responsibilities to protect people who were vulnerable.

Risks assessments were being updated regularly and were in place for the environment, and for each individual person who received care. Any accidents or incidents were monitored by the provider in order to minimise any risks identified.

The care plans included information about people's life history, likes and dislikes and who was important to them. They contained 'communication passports' and details about how people would let staff know if they were upset or in pain.

People's health, social and physical needs were assessed and guidance was in place to ensure they were monitored and supported to access health care and advice as required. People were supported to have a variety of foods which met their health needs and cultural preferences.

There were policies and a procedure in place for the safe administration of medicines. Incidents and accidents were recorded and checked by the provider to see what steps could be taken to prevent incidents happening again. There was a procedure covering the actions to be taken in emergency situations.

People were encouraged and supported to pursue activities inside and outside of the service. Staff made people aware of what was happening in the local community.

There were policies in place that stated that people would be listened to and treated fairly if they complained about the service.

Safe recruitment practices were followed. Policies had been changed by the provider to ensure they remained relevant.

Staff were consistently deployed in sufficient numbers to meet the needs of the people currently living at Sunnyfields.

The provider had put in place updated training for all staff, so that staff were trained to meet people's needs. Staff said they felt more supported since the providers had taken over the service and that formal supervision was now taking place on a more regular basis.

Staff followed the provider's guidance to help minimise the spread of any infection.

The provider was monitoring the quality of the service and made changes to improve the service taking account of people's needs and views.

Staff said there had been an improvement in staff morale since the providers has taken over the service in July 2018, and staff told us they could see improvements taking place.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People's medicines were accurately administered and recorded.

Staff were recruited safely.

People had been consistently supported by sufficient numbers of staff to meet their needs and keep them safe.

People were supported by staff who had received training and understood their responsibilities in relation to safeguarding.

### Is the service effective?

Good

The service was effective.

Staff had the support and training they needed to carry out their role.

People's consent was sought before supporting people with their care.

People were offered meals that met their preferences and cultural and dietary needs.

People's health care needs were monitored and they had access to health professionals as required.

### Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were supported by staff that they had built positive relationships with and who knew them well.

Staff understood how to communicate with people in a way they could understand.

### Is the service responsive?

Good

The service was responsive.

People had activity plans in place. Some people were more active than others. People received care that was based on their needs and preferences.

People's care plans gave clear guidance to staff about how to support them in the way they preferred.

A complaints procedure was available should anyone wish to raise a concern or complaint.

## Is the service well-led?

Good

The service was well-led by the provider and house manager.

Quality assurance systems were monitored by the provider and were effective in highlighting areas where improvements were needed.

There had been an overall improvement in staff morale. Staff had started working towards the same vision as the new provider.

The provider was spending time at the service and providing support for the house manager.

# Sunnyfields

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 October 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including previous inspection reports. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We used all this information to plan our inspection.

We spent time observing the care provided and the interaction between staff and people. People were not able to describe their experiences of living at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the provider, the house manager, two senior support workers and one support worker. We looked at a selection of records including two care plans and daily records, two staff files, staff training programme, medicines records, environment and health and safety records and quality assurance documents.

Good

# Is the service safe?

## Our findings

Some people were unable to tell us about their experiences. We observed that staff supported people to maintain their safety within the service. People's body language and facial expressions indicated they felt safe. One person said, "I like it here".

People were protected from abuse and mistreatment. Staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The house manager knew how to report any safeguarding concerns.

Systems were in place to identify and reduce the risks to people living in the service. People's care plans included detailed and informative assessments. These documents were individualised with words and pictures. The care plans provided staff with a clear description of any risks and guidance on the support people needed to manage these. Individual risks were managed to protect people's health and wellbeing. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. Risk assessments were seen, for example, for trips and falls and bathing.

Policies about dealing with incidents and accidents were in use. Staff knew how to inform the provider of any accidents or incidents. They said they would complete an incident form after dealing with the situation. The provider said that there had been no accidents or incidents to date. The provider said they would view any accident or incident report, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Behaviour support plans were in place which gave guidance for staff about how to support people who may present behaviours that could harm them or other people. The specific behaviours that the person may show were identified together with any triggers. Staff guidance detailed the most effective ways staff should respond such as activities to distract the person, for example, holding the person's hand or giving them space. Staff gave examples of how they had followed this guidance in people's care plans to support people appropriately and safely. For example, when supporting people to travel safely in a car, staff made sure the person sat in the back of the car and they checked that the seat belt was securely fastened.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines were stored, administered and disposed of appropriately. Regular medicines audits were carried out by the provider to ensure people were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, these had been appropriately recorded. There was guidance in place to indicate when PRN medicines might be given, any side effects that could occur, and the maximum dosage to be given in any one 24 hour period.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Robust recruitment procedures were followed to make sure that only suitable staff were employed. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked.

People confirmed and we could see that there were enough staff available to meet people's needs and to keep them safe. There were suitable numbers of staff on shift to meet people's needs. On the day of the inspection there was one member of staff for each of the three people. Staff confirmed that this enabled them to provide flexible care and enabled people to make choices about their day.

People had personal emergency evacuation plans (PEEP's) that were individual to the person and their specific support needs in the event of an emergency evacuation of the premises. Infection control risks were managed through staff training, premises maintenance and cleaning practices.

Infection control was well managed. The premises were clean and had no unpleasant odours on the day of the inspection. Personal protective equipment (PPE) was in place for staff to use when carrying out personal care and when preparing, cooking and serving food.

Good

# Is the service effective?

## Our findings

We observed people benefitted from mealtimes which were social occasions when people and staff came together to eat in the dining room. People were supported to eat at their own pace and people's facial expressions indicated that it was a positive experience.

People's social, physical and mental health needs were assessed and developed into a care plan so that care was provided to achieve effective outcomes in line with national guidance. Records showed that the provider had established what support each person needed. Records also showed that the provider had considered any additional provision that might need to be made to ensure that people's citizenship rights under the Equality Act 2010 were fully respected. An example of this was the provider establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

Health care needs were included in the care plan and included details of people's skin care, eye care, mobility and medicines. Guidance for staff about how to meet people's health and medical conditions was available. People were enabled to access community health care professionals such as their doctor, chiropodist, optician and dentist and to attend appointments with consultants as necessary.

A record was made of all health care appointments including the reason for the visit, the outcome and any recommendations. Each person had a "Hospital Passport" which was given to hospital staff if a person was admitted to hospital. This provided essential information to hospital staff in a single document about each person's communication, personal support, disability, medicines and medical history.

The provider confirmed that suitable arrangements would be put in place to ensure that people received effective and coordinated care when they were referred to or moved between services. These included there being arrangements for staff to prepare written information for each person before any transfer.

People were supported to eat and drink enough and to have a balanced diet. People's individual needs in relation to their diet were assessed. Some people had specific likes and dislikes, cultural needs and dietary needs. This information was available to staff who were responsible for cooking. For example, cultural dishes that did not contain beef were on the menu each week, and people were supported to visit restaurants which met their needs. People's weights were monitored and referrals had been made to the dietician where appropriate and guidance was available to staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity showed that decisions had been made in their best interests. Care plans demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted. Capacity assessments had been undertaken covering the areas required. A record was kept of the decisions people took for themselves and the areas they needed support.

Staff asked people's consent before supporting them with their care and treatment. Staff checked if people agreed to take their medicines and people indicated their agreement by accepting and swallowing their tablets. Staff checked if it was alright with people before helping them throughout the day.

New staff completed an induction which included reading policies and procedures, shadowing senior staff, understanding responsibilities and undertaking training essential to their role. Staff told us that since the new providers had taken over they had been undertaking training to update the skills and knowledge they required to support people.

Staff who were new to care completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The majority of staff had completed a Diploma in health and social care level two or above. To achieve this award, staff must prove that they have the ability and competence to carry out their job to the required standard.

The provider checked how staff were performing through a programme of supervision (one to one meetings), and an annual appraisal of staff's work performance. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff confirmed that they received regular supervision.

The environment was bright and well-lit and some refurbishment and decoration was being planned to take place. The service was designed to cater for people with physical disabilities as equipment such as, grab rails and handles were available. There was a laid out garden to the rear to sit out in when the weather was nice.

Good

# Is the service caring?

## Our findings

Some people were unable to tell us about their experiences. We observed that staff supported people in a friendly manner and interacted with people well. One person told us they liked the staff and named their favourite staff member. There was a relaxed atmosphere in the home. People and staff used humour and friendly banter as part of their communication.

Staff were aware of the need to respect choices and involve people in making decisions where possible. Staff were aware about encouraging people to be more independent. One person shared with us how they were supported to clean their own bedroom and shower room. Daily records evidenced that people were making choices. People were supported to make decisions, choices and to be as independent as possible. We observed staff offering choices throughout the day in relation to medicines, food, drink, activity and laundry.

Staff maintained people's privacy and dignity. We observed staff knocking on doors before entering and giving people privacy when they wanted it. Staff detailed how they closed doors and curtains when assisting people with their personal care. Staff were observant and noticed, for example, if people used the toilet without closing the door. They gently closed the door to ensure the person's privacy and stayed nearby to offer assistance if it was needed. Staff respected that some people liked to spend time in their bedrooms.

Staff shared with us the different ways in which they worked with each person which showed they knew people well. One member of staff was actively engaged playing an electronic game with one of the people. The rota's evidenced that people had consistent staff providing their support.

Staff spent time actively listening and focussing on people and responding accordingly. People were encouraged to take things at their own pace and were not hurried or rushed. Staff told us that they enjoyed their jobs. This was evidenced through their enthusiasm and approach.

People's care plans were suitably detailed, they included information about people's life and background as well as people's likes and dislikes and their communication needs. This was important information which helped staff engage and respond to their individual needs. People's care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan.

Relatives were able to visit their family members at any time, they said they were always made to feel welcome and there was always a nice atmosphere.

People's bedrooms had been decorated to their own tastes and personalised with pictures, photographs and items of furniture that were important to them. Information was available about people and relationships that were important to them such as members of their family and friends. Special occasions were celebrated such as birthdays and seasonal events.

The provider had a good understanding of the need to maintain confidentiality. People's information was

treated confidentially. Personal records were stored securely in the office and only accessible to those authorised to view them. The provider was aware of the recent changes to Data Protection Law with the new General Data Protection Regulation (GDPR). This new law regulates how organisations protect people's personal information. People's electronic records were kept securely and computer equipment was password protected.

Good

# Is the service responsive?

## Our findings

Some people were unable to tell us about their experiences. One person told us that staff took them shopping and to visit their relatives. They shared how staff had responded to their requests and needs. One person told us that after they had visited the dentist that day, they would be going to the pub.

Care plans were in place for each person. Each person had a one page profile which summarised people's needs, background, likes and dislikes and essential care and support needs. This gave a clear summary to staff about what things it was important to know about a person in order to respond effectively to their individual needs. It included people's preferred name, their family contact, the number of staff they required to support them and how their disability affected them.

People and their relatives had been involved in the planning and review of their care. The service had taken steps to meet people's information and communication needs in accordance with the current regulations, particularly in using technology to ensure records are accessible to people with different communication needs. The care plans were written with people and they used pictures to interpret what they wanted, to show people's individuality and character. There were pages listing what was important to each person and about the foods the person liked. Care plans detailed what people could do for themselves.

People were involved in regular reviews of their needs and decisions about their care and support. Each month the staff had individual meetings with people when they discussed their care and support. During the review staff checked that people were happy with the support and discussed the progress of any goals that had been set.

People and their family members were asked about any future decisions and choices with regards to their care. This included if they had any religious or spiritual beliefs, choices about where they wanted to be cared for at the end of their life and an advance care plan was completed as appropriate. Advance care plans set out what is important to a person in the future, when they may be unable to make their views known.

People had activities schedules in place which detailed they had activities planned to meet their needs on a daily basis. Activities included; foot and hand massage, pub trips, visits to seaside, cinema trips, shopping and music for health. New activity scrap books had been started and staff supported people to complete these. They showed pictures of places people visited and gave a short description of the activity. Some people were far more active than others.

Relatives knew who to complain to if they were unhappy about the service they received. The provider told us that there had not been any complaints received about the service. The complaints procedure gave information about who to go to if a person was not happy. This included the local authority and Local Government Ombudsman (LGO) and detailed the timescales for the provider to acknowledge and to investigate any complaint. An easy to read complaints booklet was available to help people understand the complaints process.

The service was working according to the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, using technology to ensure records were accessible to people with different communication needs.

Good

# Is the service well-led?

## Our findings

Staff were positive about the new provider, their roles, the support they received and had a shared vision of the service. They were optimistic that the provider was making a positive difference to people's lives.

The provider had clear vision and values that were person centred. These values were owned by people and staff and underpinned practice. Staff consistently provided person centred care and support. The provider and house manager provided clear leadership and used systems effectively to monitor the culture of the service. This included a regular presence of the provider at the service. Observation of practice was used at regular intervals as the management team ensured the staff values and behaviours were maintained through these regular spot checks. Staff spoke favourably of their management support and said that they were accessible and approachable.

Our observations and discussions with staff showed us that there was an open and positive culture which focussed on people who used the service. We observed that the house manager had an open-door policy, people and staff visited the office at various points in the day to ask questions.

There was a registered manager, however since the provider had taken over the service, the registered manager had worked full time at the provider's other nearby service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The house manager at Sunnyfields was in charge on a day to day basis and was being supported by a manager of another service owned by the provider. The provider was also supporting the house manager, and had recently informed us that they were putting in any application to become the registered manager of the service.

Communication within the service was facilitated through daily handovers between management and staff. Staff meetings were held frequently where areas such as staff training, health and safety, and people's needs updates were discussed. Staff told us there was good communication between staff and the provider. Staff agreed the house manager was approachable and easy to talk to.

We spoke with staff about their roles. They described these well and were clear about their responsibilities to the people who lived at Sunnyfields and to the provider. The staffing structure ensured that staff knew who they were accountable to. Each shift was led by a senior who was supported by the house manager. At times when the house manager was not on duty, staff knew they could call the house manager at any time for support. Staff said they felt well supported in their roles.

The provider sought people's and others views by giving annual questionnaires to people, staff, professionals and relatives to gain feedback on the quality of the service. The completed surveys were evaluated and the results were being used to inform improvement plans for the development of the service. Overall the responses were positive, and stated people were happy with the care being provided. Staff had commented, 'Big changes have been made and they are all for the better' and 'House manager always

encourages discussion and she always deals with anything I ask her about'.

The provider took a systematic approach to enable the service to learn, innovate and ensure its sustainability. Quality checks were undertaken to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way and staff had the knowledge and skills they needed. Where areas for development had been highlighted an action plan was in place and monitored to make sure that any shortfalls had been addressed. The provider visited regularly and the house manager was supervised and supported by the provider.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies and procedures had been updated by the provider. Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they would escalate concerns to CQC as well as the local authority. Effective procedures were in place to keep people safe from abuse and mistreatment.

The provider worked in partnership with other agencies to enable people to receive 'joined-up' or integrated care. Links had also been formed with health and social care professionals, for example, speech and language therapists and community nurses.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC checks that appropriate action had been taken. The house manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with legislation.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements.